

Work Order ID 114127

March-04-14 11:51:11 AM

647.1915

114127

Page 1

Item ID: 647.1915 **B 1 1 4 1 2 7** Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Support Angle
 Start Date: 3/04/14 Start Qty: 6.00 ***6*** Cust Item ID: _____
 Required Date: 3/18/14 Req'd Qty: 6.00 ***6*** Customer: _____
 Reference:

Approvals: Process Plan: MLJ Date: 14-03-04 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| 647.1900 | N/C |

| | | | | | | | | | |
|----------------|-----------------------|------|---------------------|--|--|--|--|--|--|
| 100 | BAND SAW | 0.00 | <i>ent 14/03/11</i> | | | | | | |
| *100* | | 0.00 | <i>6 0</i> | | | | | | |
| Bandsaw | Memo | | | | | | | | |
| Jeaspa Bandsaw | Cut Blanks at 14.625" | | | | | | | | |

| | | | | | | | | | |
|------------------------------|-------------------------------------|------|---------------------|--|--|--|--|--|--|
| 110 | HAAS CNC VERTICAL MACHINING #1 | 0.00 | <i>ent 14/03/29</i> | | | | | | |
| *110* | | 0.00 | <i>6 0</i> | | | | | | |
| HAAS 1 | Memo | | | | | | | | |
| HAAS CNC vertical machine #1 | 1-Machine per folio FB286 | | | | | | | | |
| | DWG REV: <u>NIC</u> | | | | | | | | |
| | FOLIO REV: <u>AA</u> | | | | | | | | |
| | 2- deburr and break all sharp edges | | | | | | | | |

DAS
08
9-89DAS
14
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ |
|--|--|---|---|

Work Order ID 114127

March-04-14 11:51:11 AM

114127

Page 2

Item ID: 647.1915

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support Angle

Start Date: 3/04/14

Start Qty: 6.00

6

Cust Item ID:

Required Date: 3/18/14

Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start *NR1*

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop *NR2*

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

D.A. 14/03/13
OK 14/03/29DAS
08
9-89DAS
14
9-89

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

DAS
44
9-89

14/03/31

6 0

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG : 23622

1- Black Anodize as per Dwg 647.1900

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

CY 14/04/03 (6)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
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| Material | | | | | | | | | |
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| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ |
|--|--|---|---|

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Page 3

Item ID: 647.1915 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Support Angle
 Start Date: 3/04/14 Start Qty: 6.00 ***6*** Cust Item ID:
 Required Date: 3/18/14 Req'd Qty: 6.00 ***6*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 150 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *150* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 155 | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| *155* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 180 | Identify as per dwg & Stock Location: <u>5T423</u> | 0.00 | | | | | | | |
| *180* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV*** | | | | | | | | |

DAS
27
9.89
14/4/11

64/9/11 (6)

6

6x DAS
28
9.89 APR 14 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
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| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
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| Offset/Setup | | | | | | | | | |
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| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
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| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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Work Order ID 114127

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114127

Page 4

Item ID: 647.1915 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Support Angle
Start Date: 3/04/14 Start Qty: 6.00 *6* Cust Item ID:
Required Date: 3/18/14 Req'd Qty: 6.00 *6* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| | | | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|
| 190 | QC21 - Final Inspection - Work Order Release | 0.00 | | | | | | | |
|-----|--|------|--|--|--|--|--|--|--|

190

QC

Memo

Quality Control

0.00

MLJ 14-04-15

MLJ 14-04-15

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
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|--|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | |
| <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |

Picklist Print

March-04-14 11:51:14 AM

Page 1

Work Order ID: 114127

114127

Parent Item: 647.1915

647 1915

Parent Item Name: Support Angle

Start Date: 3/04/14

Required Date: 3/18/14

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 647.1915E | | Manufactured | No | | | | Each | 198.0000 | | 8 | | | |

647 1915F

Support Angle

Location

Loc Qty

Loc Code

MAT036

198

91666

198

8 *on 2/14/03/11*

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

APICAL

INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO.

03811

SHEET 1 OF 1

DWG NO. 647.1900

REV: N/C

PREPARED BY B. PETERS

DATE: 02/13/13

EFFECT ON DWG
☐ INC. ☒ UNINC.

DWG TITLE: BRACKETS

APPROVED BY:

ENGR

[Signature]

MFG

[Signature]

QC

[Signature]

EFF.

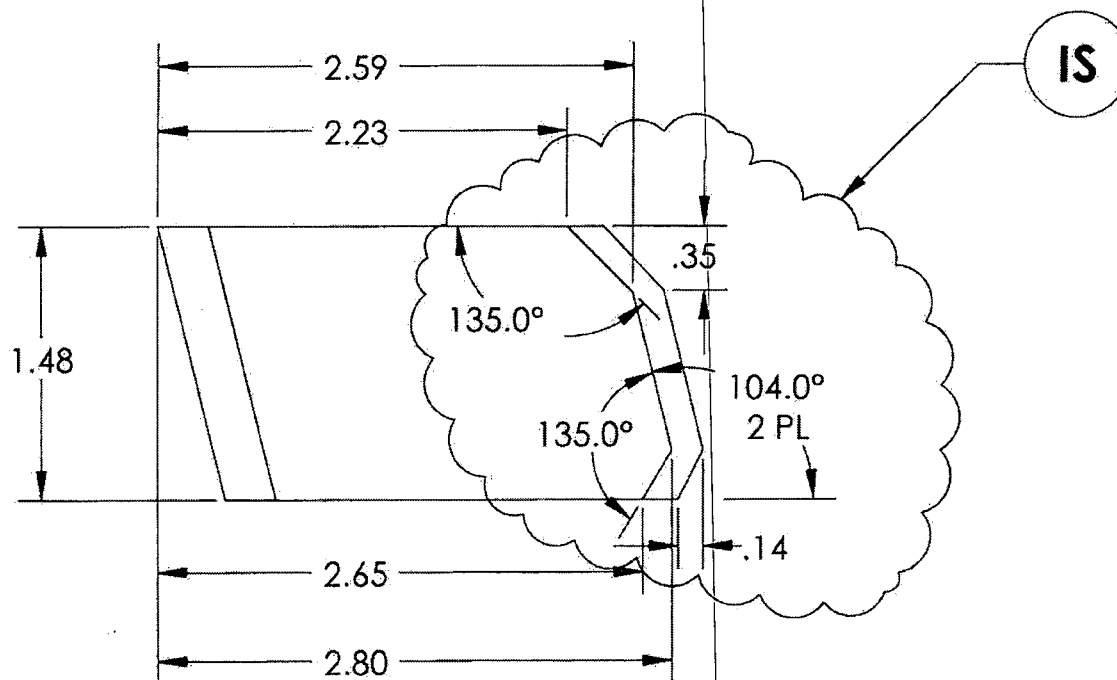
NEXT ORDER

TRANSACTION CODES (TC):
A-ADD
R-REVISE
C-CREATE
D-DELETE

REASON: CORRECTED DIMENSION CONFLICT & INCORPORATED ECN 03699.

ECR: 13-06

SHEET 2, ZONE C3 IS:



114127 M25
14-03-04

DOCUMENTS EFFECTED:

☐ MDL ☐ INSTALL INSTRUCTIONS ☐ ICA ☐ FMS ☐ BOM

CHANGE CATEGORY

☐ MAJOR ☒ MINOR

DER REVIEW REQUIRED

☐ YES ☒ NO

| | | | | | | |
|--|--------------------------------------|-------------------------|-----------------------|-----------------|---|--|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03699 | | | | SHEET 1 OF 1 | |
| | DWG NO. 647.1900 | REV: N/C | PREPARED BY B. PETERS | DATE: 11/15/12 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. | |
| | DWG TITLE: BRACKETS | | | | | |
| | APPROVED BY: ENGR <i>[Signature]</i> | MFG <i>David Barber</i> | QC <i>[Signature]</i> | EFF: NEXT ORDER | | |
| TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE | REASON: ADDED ALTERNATE MATERIAL. | | | | ECR: D-12-018 | |

IS

1 PRIMARY MATERIAL: 7075-T651 ALUMINUM PER AMS-QQ-A-250/12.
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

SHEET 1, ZONE A2 IS:

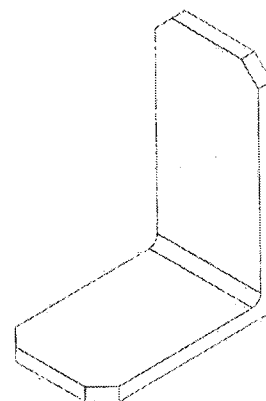
| | | | | | | |
|--|----|-------------|-----|-------------|--|---|
| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
| DOCUMENTS EFFECTED: | | | | | CHANGE CATEGORY | DER REVIEW REQUIRED |
| <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM | | | | | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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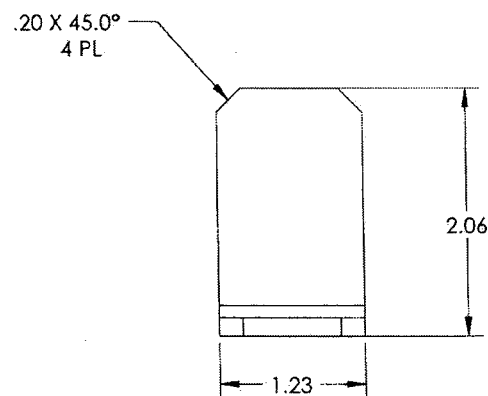
| REV. | | DESCRIPTION | DATE | APPROVED |
|------|--|-------------------------|----------|----------|
| 1 | | LAST PROTOTYPE RELEASED | | N/C |
| 2 | | INITIAL RELEASE | 06/21/00 | P. BRAVO |

NOTES:

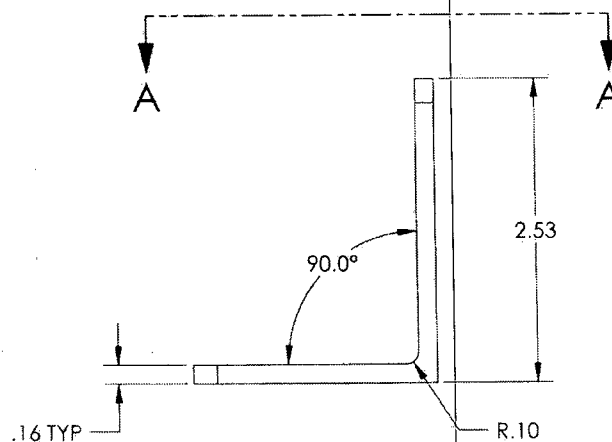
- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120



647.1910



SECTION A

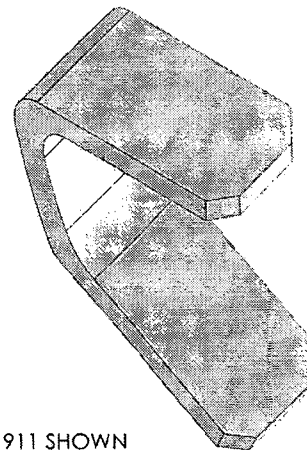
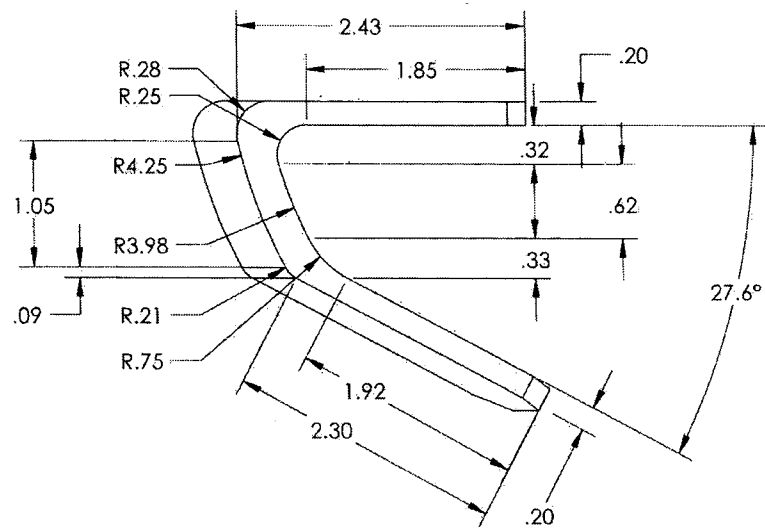
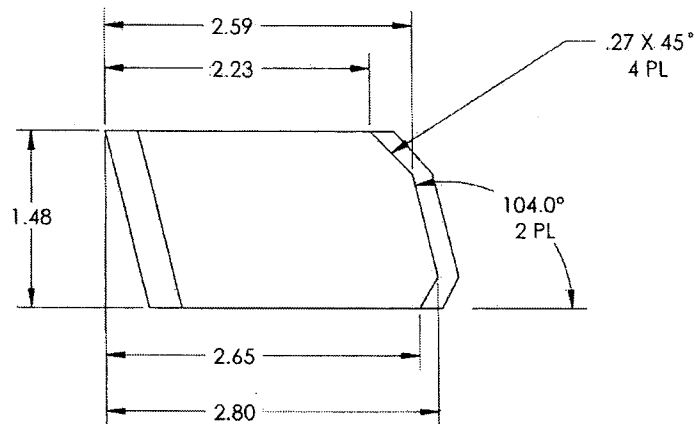


UNINCORPORATED ECN(s)

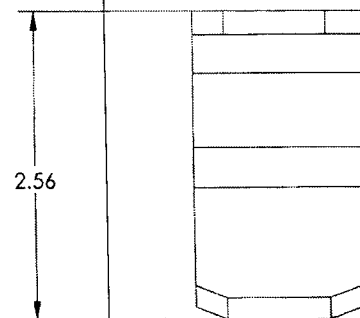
03699, 03811

| | | | | | |
|---|--------|----------|--|------|-------|
| | | 647.1915 | SUPPORT ANGLE | △ | △ |
| | | 647.1914 | BRACKET | △ | △ |
| | | 647.1913 | TEE | △ | △ |
| | | 647.1912 | BRACKET, LH | △ | △ |
| | | 647.1911 | BRACKET, RH | △ | △ |
| | | 647.1910 | CLIP | △ | △ |
| | FIND # | PART # | DESCRIPTION | MATL | SPEC. |
| QTY | | | PARTS LIST | | |
| NEXT ASSY (S) | | | APICAL INDUSTRIES | | |
| 647.1300 | | | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | | |
| GENERAL DATE 05-01-07 (MFG DATE) 05-01-07 DRAWN BY: [signature] 1. CHECKED BY: P. BAYDO 2. APPROVED BY: [signature] 3. DRAWING APPROVAL: P. BAYDO 4. DATE: 05-01-07 5. CONTRACT # 15 | | | BRACKETS 647.1900 SCALE: NONE SHEET 1 OF 5 | | |
| WIRELESS COMM-DE SPECIFIED DIMENSIONS ARE IN INCHES TOP PANEL L X W: 2 PLACES DECKVALS S O I 3 PLACES DECKVALS S O I AUGUST 1, 2007 | | | SEE CASE CODE DWG. NO. 07M26 647.1900 REV. NO. | | |

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APICAL INDUSTRIES ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED



647.1911 SHOWN
647.1912 OPPOSITE



| | | | |
|---|--|---|----------|
| ORIGINAL DATE 1/20/01 | | APICAL INDUSTRIES | |
| DRAWN BY: J. GARDNER | | 2608 TEMPLE HEIGHTS DR. | |
| CHECKED BY: P. BRAY | | OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWING APPROVAL: P. BRAY | | BRACKETS | |
| CONTRACT NO. | | 647.1900 | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 ANGLES ± 5° | | SCALE: NONE | REV: N/C |
| | | SHEET 2 OF 5 | |

.63 X 45.0°
4 PL

Ø .201
2 PL

647.1913

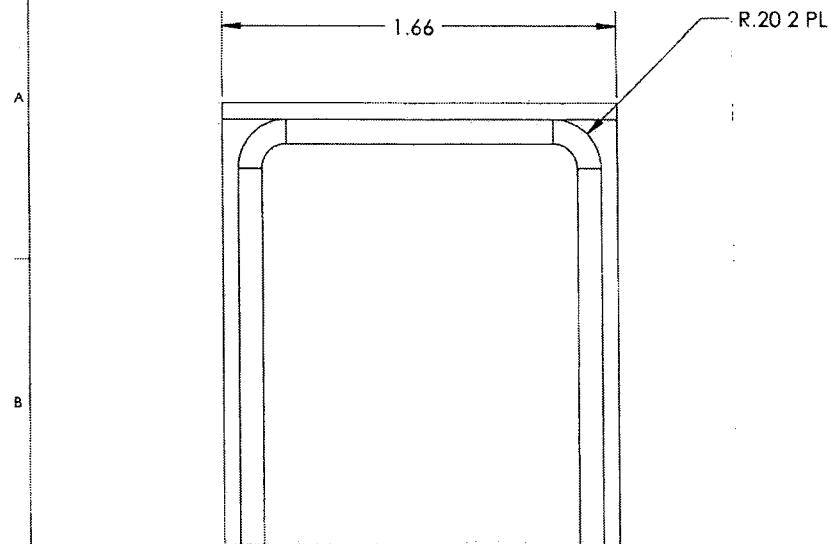
.25 X 45.0°
2 PL

R:05
4 PL

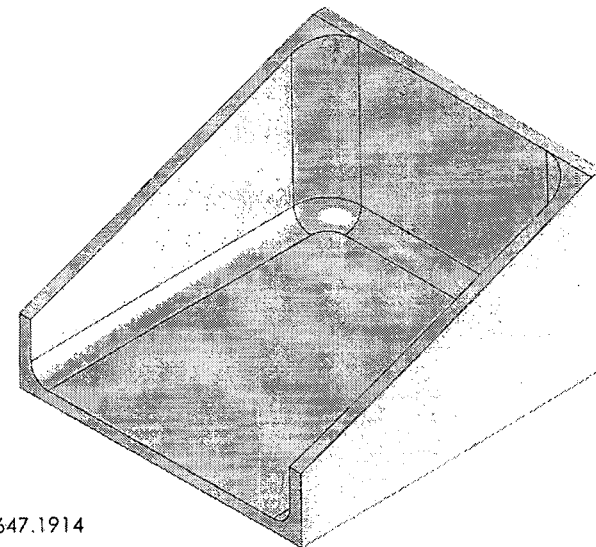
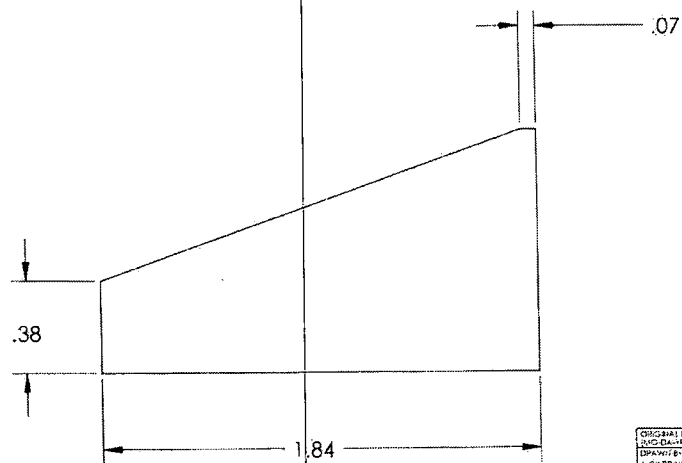
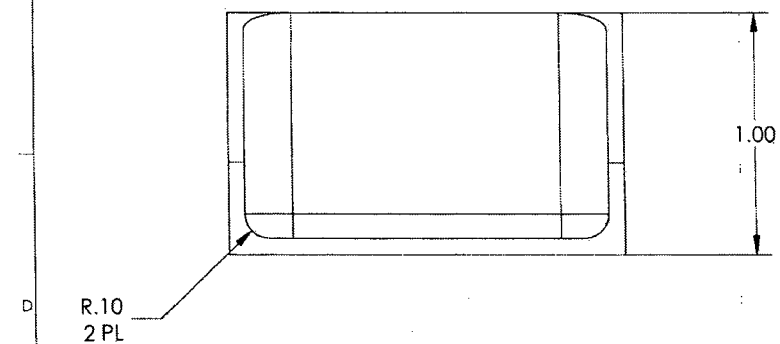
R.10
2 PL

[illegible]

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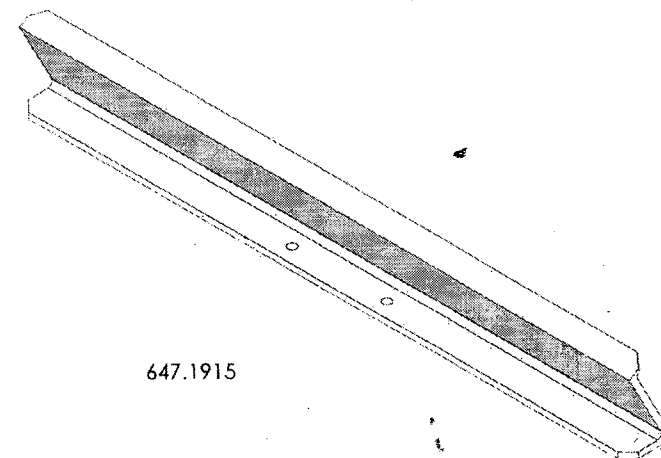
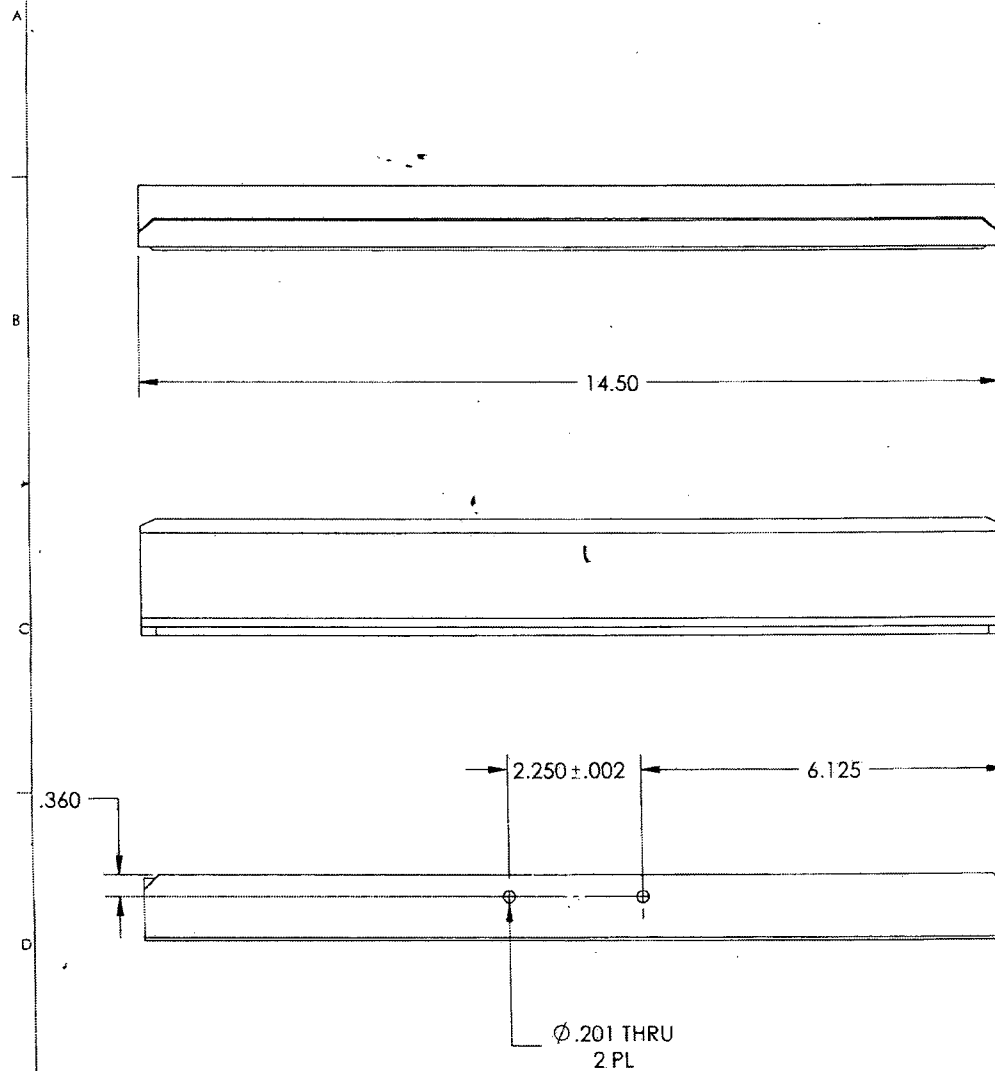
.07
2 PL



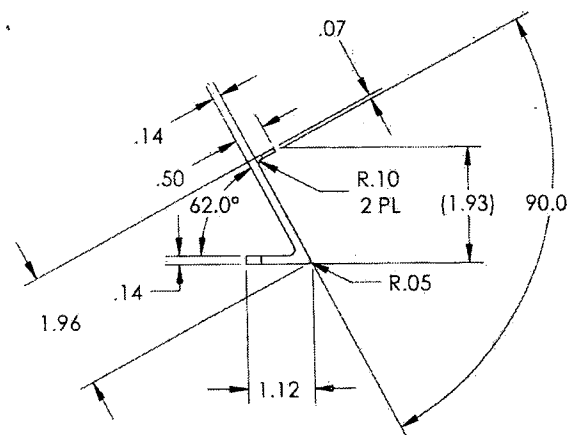
647.1914

| | | | |
|--|--|--|----------------------|
| ORIGINAL DATE 1/10/01 (B-1) | | APICAL INDUSTRIES | |
| DRAWN BY J. GARDNER | | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| CHECKED BY P. BRAY | | BRACKETS | |
| DRAWING APPROVAL P. BRAY | | REV. 1 | N/C |
| CONTRACTING | | SCALE NONE | SHEET 4 OF 5 |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS 3 PLACE DECIMALS 2 DIG ANGLES ± 5° | | REV. 2 B 07/02 | DWG. NO. 647.1900 |

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647.1915



| | | | |
|------------------|--|---|--|
| ORIGINAL DATE | | APICAL INDUSTRIES | |
| DRAWN BY | | 2608 TEMPLE HEIGHTS DR. | |
| CHECKED BY | | OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DESIGNED BY | | BRACKETS | |
| DRAWING APPROVAL | | REV | |
| BY | | N/C | |
| DATE | | 647.1900 | |
| SCALE: NONE | | SHEET 5 OF 5 | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO23622

Purchase Order Date 4/3/2014

PO Print Date 4/11/2014

Page Number 3 of 4

Order From :

VC-ATG001

Ship To : DART AEROSPACE LTD

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 613-446-4544

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Ship To Contact

Terms Net 30

Ship To Phone

Currency CAD

Ship Via:

VENDOR'S TRUCK

FOB

FCA - (Free Carrier)

Ship Acct:

| | | | | | | |
|---|--------|----------------------|-----------|------|---------|----------|
| 6 | 110629 | 646.3012 LOWER GUIDE | 4/18/2014 | 6.00 | \$19.90 | \$119.40 |
| | | | Yes | | | |
| | | | 4/18/2014 | | | |

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Line Total: \$119.40

| | | | | | | |
|---|--------|---------------------------|-----------|------|---------|---------|
| 7 | 114127 | 647.1915 SUPPORT ANGLE | 4/18/2014 | 6.00 | \$10.50 | \$63.00 |
| | | | Yes | | | |
| | | | 4/18/2014 | | | |

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Line Total: \$63.00

| | | | | | | |
|---|----------|--------------------------------|-----------|------|--------|--------|
| 8 | 71401-45 | PROCUREMENT QUALITY CLAUSES | 4/18/2014 | 1.00 | \$0.00 | \$0.00 |
| | | | No | | | |
| | | | 4/18/2014 | | | |

Procurement Quality Clauses

A004 FAA-PMA /TSO

A005 RIGHT OF ENTRY

A016 PERSONNEL QUALIFICATION

A024 PROCESS CERTIFICATIONS

A025 CERTIFICATE OF CONFORMANCE

A041 QUALITY MANAGEMENT SYSTEM

A042 DART NOTIFICATION BY SUPPLIER

Note:

4/11/2014



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62979

Date: 11-Apr-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | | Ship Via | |
|---|---|----------|--|
| Quantity | Description | | |
| 1 lot | Part: ASST 13 PCS 646.3011 (10.25) 14 PCS 646.3012 (19.90) 6 PCS 647.1915 (10.50) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20140215 Rev: PO: 23622 Line: | | |
| Certificate of Conformance | | | |
| A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. | | | |
| ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY | | | |
| DATE : 11/4/14 | | | |
| CERTIFIED SIGNATURE :  | | | |
| RECEIVER SIGNATURE : _____ | | | |